

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/25/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Dorfman Organization Ltd. 28 Old Fulton St. Brooklyn, NY 11201	CONTACT NAME: PHONE (A/C, No, Ext): (718)564-6411 FAX (A/C, No): (718)564-6411 E-MAIL ADDRESS: ctulloch@dorfmanorganization.com														
INSURED Streetplus Company 154 Conover St. Brooklyn, NY 11231	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Travelers Property Casualty Co. of America</td> <td style="text-align: center;">25674</td> </tr> <tr> <td>INSURER B : State National Ins. Co.</td> <td style="text-align: center;">12831</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Travelers Property Casualty Co. of America	25674	INSURER B : State National Ins. Co.	12831	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Travelers Property Casualty Co. of America	25674														
INSURER B : State National Ins. Co.	12831														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	☒	COMMERCIAL GENERAL LIABILITY		x	x	660-1E158190	02/28/2016	02/28/2017	EACH OCCURRENCE	\$ 2,000,000			
	☐	CLAIMS-MADE	☒						OCCUR	DAMAGE TO RENTED PREMISES (Fa occurrence)	\$ 100,000		
	☐								MED EXP (Any one person)	\$ 5,000			
	☐								PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:		GENERAL AGGREGATE						\$ 2,000,000				
	☒	POLICY	☐						PRO-JECT	☐	LOC	PRODUCTS - COMP/OP AGG	\$ 2,000,000
	☐	OTHER:								\$			
A	AUTOMOBILE LIABILITY				BA-1E158190	02/28/2016	02/28/2017	COMBINED SINGLE LIMIT (Fa accident)	\$ 1,000,000				
	☐	ANY AUTO	☒	SCHEDULED AUTOS				BODILY INJURY (Per person)	\$				
	☐	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$				
	☒	HIRED AUTOS						☒	NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	\$		
	☐							\$					
B	☐	UMBRELLA LIAB	☒	OCCUR	72637J151ALI	02/28/2016	02/28/2017	EACH OCCURRENCE	\$ 5,000,000				
	☒	EXCESS LIAB	☐	CLAIMS-MADE				AGGREGATE	\$ 5,000,000				
	☐	DED	☐	RETENTION \$				\$					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N / A	PE-UB-3F902023	02/28/2016	02/28/2017	☒ PER STATUTE	☐ OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT	\$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			
									E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insureds: SLAIT Officers, Directors, Administrator and Employees.

CERTIFICATE HOLDER South Los Angeles Industrial Tract Property Owners Association (SLAIT) 655 East Florence Avenue Los Angeles, CA 90001	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

© 1988-2014 ACORD CORPORATION. All rights reserved.